

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

3826

FEB 11 1936

**1. PLACE OF DEATH**

County.....

Registration District No. 791

File No. ....

Township.....

Primary Registration District No. 1003

Registered No. 1101

City St. Louis (No. 476368)

City St. Louis St. .... Ward)

**2. FULL NAME**

Patsy Clary

(a) Residence, No. ....  
 (Usual place of abode)

2714 Lulu Ward 21

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

Unavailable yrs. .... mos. .... ds.

How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/27 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from 1/17 36 to 1/27 36  
 I last saw her alive on 1/26 36 1936 Death is said to have occurred on the date stated above, at 6 30 p.m.  
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 - 1899

7. AGE YEARS 38 MONTHS 5 DAYS 23 If LESS than 1 day, .... hrs. or .... min.

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Work  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

Dementia Precox?  
General Paralysis of the insane (syphilitic)  
 Other contributory causes of importance: 83

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merwin

MOTHER FATHER 13. NAME Joe Gray

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Emily Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Dr. J. C. ... (ADDRESS) City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount ... DATE Feb. 3, 1936

19. UNDERTAKER Charles ... (ADDRESS) 4107 ...

20. FILED IN 30 1936 REGISTRAR J. Brebeck

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Number of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify .....  
 (Signed) Hyman H. Fingert, M. D.  
 (Address) City, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PEARLITE WITH UNFADING INK—THIS IS A PERMANENT RECORD

